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| _____ County District/Juvenile Court<br>Court Address: _____   | ▲ <b>Court Use Only</b> ▲                                  |
| Petitioner: _____<br>and<br>Respondent: _____<br><small>(or co-petitioner)</small>   |  |
| Attorney or Party Without Attorney (My name and address):<br><br>Phone Number: _____ E-mail: _____<br>FAX Number: _____ Atty. Reg.#: _____ | Case Number: _____<br><br>Division: _____ Courtroom: _____ |
| <b>Motion to Modify Child Support</b>  |  |

I am the  Petitioner  Respondent (or Co-Petitioner) and I respectfully request a change to the child support obligation. I file this motion pursuant to C.R.S. § 14-10-122.

**Note to Responding Party:** If you disagree with this Motion you must file a written response (JDF 1315) with the Court. Your response is due within 21 days of this motion's service date (found on page 4).

**Note to Both Parties:** You must provide a Sworn Financial Statement (JDF 1111) and Certificate of Compliance (JDF 1104) to the Court and other Parties. These forms are due within 42 days of this motion's service date. Visit [www.courts.state.co.us/Self\\_Help](http://www.courts.state.co.us/Self_Help) for forms and more information.

**1. Certificate of Conferral**

I checked to see if the other parties agree with my request. They:

- Agree                       Disagree                       Did Not Respond  
 Other: \_\_\_\_\_

**2. Information about Petitioner:**                      Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. **Information about Respondent:** Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. The parties have \_\_\_\_\_ minor child(ren):

| Child's Name | Present Address | Sex | Date of Birth |
|--------------|-----------------|-----|---------------|
|              |                 |     |               |
|              |                 |     |               |
|              |                 |     |               |

5. Under the current support order:

The Petitioner has \_\_\_\_\_ overnights per year with the child(ren).

The Respondent (*or Co-Petitioner*) has \_\_\_\_\_ overnights per year.

6. Under the current support order:

Who pays child support?  Petitioner  Respondent (*or Co-Petitioner*)

How much is the child support obligation? \$ \_\_\_\_\_.

This is paid:  weekly  bi-weekly

twice a month  monthly

Other: \_\_\_\_\_.

7. Does the current support order contain a provision for medical insurance coverage?

Yes\*  No

\*If yes, how much does that coverage cost? \$ \_\_\_\_\_.

8. Have you attached a current Sworn Financial Statement (JDF 1111) to this Motion?

Yes  No\*

\*If no, you must file one within 42 days.

**9. Reasons for the Change**

I believe the support order should be changed because of the following substantial and continuing change(s):

- |   |   |
|---|---|
| <input type="checkbox"/> day care costs     | <input type="checkbox"/> amount of income           |
| <input type="checkbox"/> parenting time     | <input type="checkbox"/> place of residence         |
| <input type="checkbox"/> child emancipation | <input type="checkbox"/> medical insurance coverage |
| <input type="checkbox"/> other: _____.      |   |

I believe these would cause the child support payment to change by at least 10%.

I am requesting a change to the child support because: \_\_\_\_\_

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**10. Have you attached a proposed child support worksheet to this Motion?**

- Yes\*       No

\*If yes, what is the proposed child support payment?

- \$ \_\_\_\_\_ to be paid:       weekly       bi-weekly  
 twice a month       monthly  
 other: \_\_\_\_\_.

**11. Does either parent live in another state?**

- Yes\*       No

\*If yes, which parent? \_\_\_\_\_ . In which state? \_\_\_\_\_ .

**12. Is either party receiving child support enforcement services?**

- Yes\*       No

\*If yes, in which county? \_\_\_\_\_ . In which state? \_\_\_\_\_ .

13. Is either party currently receiving public assistance?

Yes\*       No

\*If yes, answer the following:

| Name of Person Receiving Benefit | Name of County or State | Case Number |
|----------------------------------|-------------------------|-------------|
|                                  |                         |             |
|                                  |                         |             |

14. I request a tax exemption change.       (Check only if applicable.)

I request a change in the current tax exemption because of the reallocation of the costs of raising the dependent child(ren), pursuant to C.R.S. § 14-10-115(12).

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

**\*Your Signature is Required Before Filing with the Court**

**15. Signature & Date**

\_\_\_\_\_   
 Print your name

\_\_\_\_\_   
 \*Your Signature

\_\_\_\_\_   
 Date

**16. Certificate of Service**

I certify that on (enter date) \_\_\_\_\_ a true and accurate copy of this document was served on the other party by:

- Hand Delivery       E-filed through Colorado Courts E-Filing
- Faxed to this number: \_\_\_\_\_, or
- Mail through the United States Postal Service, postage pre-paid, and addressed:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_   
 \*Your signature

- Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.